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who was Cal-3 in Pat Durbin's article.

was unemployed. He was originally treated as a private patient by Dr. Lloyd Fisher. Dr. Fisher's address was 1904 Franklin Street, Oakland, California. had an injury in September 1946. He was referred to a Dr. Carter as an industrial case. ThexamexafxProclariar Dr. Carter's initials are W. E. He was to be transferred to the county hospital for treatment. Dr. Bellamy in the Arthopedic Clinic recommended admission of Mr. The admission was to be to the University Hospital. A biopsy was diagnosed as a bone cist pathologically. The x-ray studies showed a destructive lesion in the left femoral condyle. The x-ray was read out by Dr. R.I. Sherman. Mr was admitted to the hospital on 7/13/47. A progress note on 7/16/47 was recorded as 5/16/47. The note stated that the patient was very comfortable and cheerful, a very cooperative patient. Toes move well. Signed R. Mullen. The next note of interest on 5/17/47 stated as follows: X-ray scout films negative for any evidence of metasteses. Amputation postponed until Monday in order to have radioactive tracer substances prepared (plutonium) and standardized. Patient will have tumor uptake studies done. Signed Mullen. On 5/18/47 cast split down medial side. Some throbbing pain but no other discomfort. To surgery Monday. Hemoglobin 92%, W.B.C. 7,300. Signed R. Mullen. This was followed by a brief sentence, Cast removed for tracer injection. On 7/18/47 there was a lengthy progress note dated 7/18/47, 3:30 pm. It read as follows: The experimental nature of the intramuscularly injection of the radioactive tracer sample was explained to the patient, who agreed on the procedure. The patient was in fully oriented and in same mind. Injection was given into the gastrocnemius muscle of the left leg and the area marked with circle. Injection made at center of circle. Needle depth equals 2 centimeters. No blood appeared on aspiration and no bleeding after removal of needle. At explanation of the

procedure to the patient and assisting in procedure were and there are signatures, Mrs. Mary Wootton, R.N.; Dr. Donald F. Bellamy, Dr. Ray Mullen, Dr. B.V. Low-Reve. The next progress note was on 7/18/47 at 10:00 pm. No pain or discomfort whatsoever following injection. Signed, R. Mullen. On 7/21/47, the amputation was done. The discharge note on 8/7/47 did not allude to the radioactive procedure. It did give a diagnosis of & osteomyxochondro—sarcoma of left thimer-distal condyle. Second, treatment of lues. Signed Ray Mullen.

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These were copied at the University of California Record Center in Richmond on 4/18/74 at noon. Thexammentations

The chart number is U127513. There was a lengthy discharge note written by Lore J. Larsen, M.D., Assistant in Orthepdic Surgery. It was dated June 11, 1946, and addressed to whom it may concern: The fifth paragraph of the discharge note read as follows: On May 3, the patient was taken to surgery and a tumor was exposed from the lateral aspect by reflecting the vastus lateralis muscle anteriorly to expose the bone. Generous sections of the bone were taken for blopsy as well as studies to determine the rate of uptake of radioactive material which had been injected prior to the surgery, in comparison with normal tissues. At the time of writing, these data are not available on the chart and can

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